

ECS Configuration Change Request

Page 1 of 1 Pages

CCR No. 97-0344	Logged Date 3/18/97	Rev. -	Request Type CCR
Priority Routine <input type="checkbox"/> Urgent <input type="checkbox"/> Emergency <input checked="" type="checkbox"/>		Affected Release	Change Class II
Title (description) Load RTM software on Sun Ultrasparc 2 deimos for testing			
Documents Affected		Source Nos (RID, NCR, etc.) or Tech Reference	
RTM Change <input type="checkbox"/> Start New Baseline <input type="checkbox"/>			
Problem • Performance problem with current RTM software on HP aqua			
Proposed Solution • Load and test RTM on a Sun (deimos) for about two weeks. Spoke to Vincent Harris.			
Impact Analysis: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;">Organizations Affected:</div> <div style="width: 50%;">BOO <input type="checkbox"/></div> <div style="width: 50%;">Contracts <input type="checkbox"/></div> <div style="width: 50%;">ESO <input type="checkbox"/></div> <div style="width: 50%;">FOS <input type="checkbox"/></div> <div style="width: 50%;">M&O <input checked="" type="checkbox"/></div> <div style="width: 50%;">QA <input type="checkbox"/></div> <div style="width: 50%;">Rel. A <input type="checkbox"/></div> <div style="width: 50%;">Rel. B <input type="checkbox"/></div> <div style="width: 50%;">Rel. IR1 <input type="checkbox"/></div> <div style="width: 50%;">MRS <input type="checkbox"/></div> <div style="width: 50%;">SMO <input checked="" type="checkbox"/></div> <div style="width: 50%;">Subconts <input type="checkbox"/></div> </div> <div style="margin-top: 5px;"> Other _____ </div> <div style="margin-top: 10px;"> Cost: None <input checked="" type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> <div style="display: flex; justify-content: space-around; font-size: small;"> (Not exceeding \$100,000) (\$100,000 to \$500,000) (Over \$500,000) </div> </div> <div style="margin-top: 10px;"> Schedule: None <input checked="" type="checkbox"/> Other _____ </div> <div style="margin-top: 10px;"> Additional LOC _____ Man-Months _____ </div> <div style="margin-top: 10px;"> Materials _____ </div>			
Originator <u>Dat Vu</u> _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Signature Date </div>			
Office <u>SMO</u> Office Manager _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Signature Date </div>			
Disposition Approved <input type="checkbox"/> Approved w/Comment <input type="checkbox"/> Forward <input type="checkbox"/> Disapproved <input type="checkbox"/>			
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div>CCB Chairperson _____</div> <div>Signature _____</div> <div>Date _____</div> </div>			

